



Commonwealth of Massachusetts
Department of the State Treasurer
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
Telephone: (617) 727-3040
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Timothy P. Cahill
Treasurer and Receiver General

Eddie J. Jenkins
Chairman

2005

Transportation Permit Application: General Express or Caterers
(Chapter 138, Section 22)

NOTE: FOR RENEWAL, APPLICATION MUST BE IN BY NOVEMBER 30TH OF EACH YEAR.

ABCC website address: www.mass.gov/abcc

1. Name to appear on the license: (including dba, if any)

2. _____ Individual _____ Partnership _____ Corporation

3. _____ Trucking/General Express _____ Caterer

4. _____ New Permit _____ Renewal

5. Business Address: _____

5a. Mailing address: _____

6. Business Telephone: _____ Fax: _____

6a. Have you registered with the Food and Drug Administration? _____

FDA REGISTRATION NO. _____ Date of Registration: _____

7. For all persons having a beneficial interest in the applicant business, state:

NAME	ADDRESS	NATURE OF BENEFICIAL INTEREST
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8. Has any Individual, Member of a Partnership, or if a Corporation, any Officer or Director thereof, and any person listed in #7 been convicted of a felony within the past five years or of a misdemeanor within the last three years? _____ YES _____ NO (If YES, please attach, for each person, a supplemental answer sheet stating that person's name, date of birth, and social security number, and for each offense, state the court, date of conviction, offense, and disposition).

9. _____ Common Carrier _____ Contract Carrier _____ Private Carrier

10. State the address where the vehicle or vehicles are usually garaged or kept.

11. Does the applicant certify that the applicant has filed all state tax returns and paid all state taxes under law? _____ YES _____ NO

Social Security Number

Federal Identification Number

THE STATEMENTS IN THIS APPLICATION ARE MADE UNDER THE PENALTIES OF PERJURY.

By _____
Signature of Applicant

Date

PLEASE ATTACH THE FOLLOWING:

1. PERMIT FEE: \$150.00 for the master permit; \$50.00 for each certified copy: Make check Payable to: COMMONWEALTH OF MASSACHUSETTS. (A certified copy must be obtained for each vehicle that is to transport alcoholic beverages).

STATE NUMBER OF CERTIFIED COPIES NEEDED: _____

2. Caterers must attach a copy of the caterer's permit issued by the city or town board of health.

3. MASSACHUSETTS CORPORATIONS ONLY, must attach one of the following:

- NEW APPLICATIONS - a copy of the corporate articles of organization approved by the Secretary of State
- RENEWALS - a copy of the corporation's most recent updated articles of organization.

NOTICE

- 1. Permit for transportation only. Does not permit purchase or resale of alcoholic beverages.**
- 2. All vehicles licensed to caterers for transport and delivery must be registered in Massachusetts.**
- 3. Caterers may only receive, transport, deliver or store alcoholic beverages obtained from M.G.L. Chap. 138, Section 15 (packages stores) licensees only. Caterers may only receive transport deliver and store within the Commonwealth of Massachusetts.**
- 4. ABCC Regulation 204 CMR 2.05 (3): "The person in charge of any vehicle used for the delivery of alcoholic beverages or alcohol shall carry an invoice or sales slip, starting the name and addresses of the purchaser and seller, the date and the amount of the purchase, also itemizing the number of various kinds of containers and the kinds, quantities and brands of alcoholic beverages or alcohol."**
- 5. Private Carriers may not charge customers for transportation or delivery of alcoholic beverages.**

GENERAL EXPRESS OR CATERERS (CHAPTER 138, s. 22)
REQUEST FORM FOR ADDITIONAL VEHICLES

NUMBER OF CERTIFIED COPIES FOR EACH TRUCK: _____.

EXPRESS MASTER PERMIT NUMBER: XP- _____.

DATE

NAME OF COMPANY

ADDRESS

SIGNATURE OF CORPORATE OFFICER

Have you registered with the Food and Drug Administration? _____

FDA Registration NO: _____ Date of Registration: _____

FEE: \$50.00 FOR EACH CERTIFIED COPY
(PAYABLE TO COMMONWEALTH OF MASSACHUSETTS)

PLEASE SEND CHECK TO:

Alcoholic Beverages Control Commission
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

MONETARY TRANSMITTAL FORM 2

*THIS TRANSMITTAL MUST ACCOMPANY YOUR APPLICATION IN ORDER
TO ASSURE PROPER CREDIT.*

PLEASE DO NOT SEND CASH.

PLEASE MAKE YOUR CHECKS PAYABLE TO COMMONWEALTH OF MASSACHUSETTS, ABCC.

MAIL THIS TRANSMITTAL ALONG WITH YOUR CHECK AND COMPLETED APPLICATION TO:

ALCOHOLIC BEVERAGES CONTROL COMMISSION
POST OFFICE BOX 3396
BOSTON, MA 02241-3396

APPLICANT MUST COMPLETE THE FOLLOWING:

NAME:		
ADDRESS:		
CITY/TOWN:	STATE:	ZIP CODE:
COUNTRY:	DATE:	

<u>LICENSE</u> <u>NAME</u>	<u>REV.</u> <u>CODE</u>	<u># OF</u> <u>PERMITS</u>	<u>FEE</u> <u>AMOUNT</u> <u>REQUESTED</u>	<u>TOTAL</u> <u>(COL.3 X COL.4)</u>
EXPRESS MASTER	3096	_____	\$ 150.00	\$ _____
EXPRESS	3096	_____	\$ 50.00	\$ _____
(EACH VEHICLE OR ADDITIONAL)				
CHECK TOTAL				\$ _____

10/03 REV